STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535013	A. BUILDING _____ B. WING _____	C 05/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANITE REHABILITATION AND WELLNESS	**3128 BOXELDER DRIVE CHEYENNE, WY 82001**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 5/20/21 through 5/24/21. The survey was prompted by complaint intakes WY000003228 and WY000003231. In addition, a COVID-19 focused infection control survey, which included a review of emergency preparedness requirements, was conducted by Healthcare Licensing and Surveys at that time. The following common abbreviations are used throughout this document: CNA: Certified Nurse Aide DON: Director of Nursing Services LPN: Licensed Practical Nurse MDS: Minimum Data Set RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency.	F 000		
F 563 SS=E	Right to Receive/Deny Visitors CFR(s): 483.10(f)(4)(ii)-(v) §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time; (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable	F 563		6/21/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 06/18/2021

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F 563	Continued From page 1 clinical and safety restrictions and the resident's right to deny or withdraw consent at any time; (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation. This REQUIREMENT is not met as evidenced by: Based on resident representative and staff interview, policy and procedure review, and review of CMS guidance, the facility failed to ensure visitors were informed COVID-19 testing was not a requirement for visitation which affected 10 of 22 sample residents (#6, #10, #11, #12, #15, #16, #18, #20, #21, #22). The findings were: 1. Interview with the resident representative for resident #6 on 5/20/21 at 11:30 AM revealed the staff member at the front of the facility told the representative a rapid COVID-19 test was required for visitation and the representative would not be allowed to visit the resident without completion of the test. Further interview revealed the representative had to wait 15 minutes while the test was pending. 2. Interview with the resident representative for resident #10 on 5/20/21 at 12:05 PM revealed the	F 563	Preparation and execution of the response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of the state and federal law. For the purposes of any allegation that the facility is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the facility□s allegation of compliance in accordance with the State Operations Manual F563 1. Resident #10, #15, #16 is discharged. Resident #6, #11, #12, #18, #20, #21, #22 representatives will be educated of	

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F 563	Continued From page 2 representative was able to visit the resident for 45 minutes on 5/13/21 and at the time of the visit, the staff member at the front desk told her a rapid COVID-19 test was required for visitation. 3. Interview with the resident representative for resident #11 on 5/20/21 at 1:50 PM revealed the representative visited the resident 3 times and at the time of each visit, the staff member at the front desk told her a rapid COVID-19 test was required for visitation. Further interview revealed the representative would like to visit more frequently; however, the time it takes for completion of the rapid COVID-19 test and the facility's visitation time frame does not allow it. 4. Interview with the resident representative for resident #12 on 5/20/21 at 2:05 PM revealed she had visited the resident at the facility and she had to complete a rapid COVID-19 test prior to visitation and wear a face mask and eye shield during the visit. Further interview revealed she believed the test was mandatory because the staff member at the front desk said it had to be done and when another visitor at that facility became upset about the requirement, the test requirement was not waived. 5. Interview with the resident representative for resident #15 on 5/20/21 at 2:54 PM revealed the representative had not visited the facility; however, he was informed by social services of a care meeting for the resident "next week," which would require him to be tested for COVID-19 and wear a mask. 6. Interview with the resident representative for resident #16 on 5/20/21 at 3:05 PM revealed the representative had been to the facility for	F 563	Granite□s change to no longer offer rapid COVID-19 testing upon entry. 2. The Admissions Director or designee will notify the resident representatives of current residents regarding Granite□s change to no longer offer rapid COVID-19 testing upon entry. 3. The Business Office Manager or designee will educate front desk staff to validate Granite□s change to no longer offer rapid COVID-19 testing upon entry. 4. The Business Office Manager or designee will visually observe front desk staff weekly for 90 days to validate Granite□s change to no longer offer rapid COVID-19 testing upon entry. The Business Office Manager or designee will report the tracking and trending of the audit to the facility monthly Quality Assurance Meeting for 90 days or until substantial compliance has been achieved or sustained as directed by the committee.	

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visitation and she was told by the staff member at the front desk a rapid COVID-19 test was "mandatory" prior to visitation.

7. Interview with the resident representative for resident #18 on 5/21/21 at 9:25 AM revealed he had visited the resident at the facility and was required to complete a "nose swab" and answer some questions about COVID-19 prior the visit. Further interview revealed he believed the swab was mandatory as he had "never been told differently."

8. Interview with the resident representative for resident #20 on 5/21/21 at 9:53 AM revealed she had visited the resident at the facility and she had to "complete a questionnaire and have a COVID swab done." Further interview revealed the representative was not asked if she wanted the test, which she felt was odd since she and the resident had both been vaccinated.

9. Interview with the resident representative for resident #21 on 5/21/21 at 10 AM revealed he had been at the facility to visit the resident and the facility "made" him sign in and get a "swab" for COVID-19. Further interview revealed the option given to visitors was "have the swab or leave."

10. Interview with the resident representative for resident #22 on 5/21/21 at 10:11 AM revealed the representative attempted to visit the resident on Mother's Day; however, since he refused to complete a COVID-19 test the facility would not allow him to visit. The representative stated he had to wait in his car while another family member visited the resident. Further interview revealed the resident representative had

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F 563	Continued From page 4	F 563		

observed another couple who refused to perform the test on Mother's Day and had to leave the facility as well. The representative revealed the other couple attempted to provide the facility with information from the Centers for Disease Control and Prevention (CDC) and was told "it didn't matter."

11. Interview with administrative assistant #1 on 5/20/21 at 3:56 PM revealed she and 2 other staff members sat at the front desk, at different times, to monitor visitors who enter the facility and ensure screening was performed. Further interview revealed if a visitor refused to have a rapid COVID-19 test performed, they were not allowed into the facility for visitation.

12. Interview with the activities director on 5/21/21 at 11:28 AM revealed she was the manager on duty on Mother's Day and she told visitors who were upset about the COVID-19 testing it was the facility policy and she would "check with her boss" about their concerns; however, the upset visitors left before she could communicate their concerns or provide additional information related to visitation. Further interview revealed she did not think the visitors were told they had to have the test performed; however, she did not speak with the visitors directly.

13. Interview with the administrator on 5/21/21 at 10:45 AM revealed facility staff were expected to offer the testing to visitors and they should not tell visitors testing was required for visitation.

14. Review of the facility policy titled "COVID-19 Policy and Procedure" last revised 2/10/21 showed " ...H. Managing Visitor Access and Movement within the facility during Community

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F 563	Continued From page 5 Transmission or Active Outbreak of COVID-19 in the Center ...2. Restriction of visitation will be implemented by the center for reasonable and clinical safety reasons (i.e., community based spread of COVID-19 is occurring, or the center has an increase rate of symptoms of an influenza-like illness ..." 15. Review of the policy titled "COVID-19 Testing in Long Term Care Centers and Skilled Nursing Centers" last revised 9/25/20 showed " ...A. WHO SHOULD BE TESTED: 1. Centers should follow guidance from their state health departments regarding testing prioritization and in accordance with other specified testing including reopening nursing homes which includes center-wide testing on a regular basis ..." 16. Review of the CMS "QSO 20-39" last revised on 4/27/21 showed " ...Visitor Testing and Vaccination ...While not required, we encourage facilities in medium- or high-positivity counties to offer testing to visitors, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2-3 days). Similarly, we encourage visitors to become vaccinated when they have the opportunity. While visitor testing and vaccination can help prevent the spread of COVID-19, visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation ..."	F 563		